



IN THE UNITED STATES  
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Patent Application

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Case 65-104-1-19-28-7-34-13

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11-7-01  
ROOM

Serial No. 09/826,237  
Filing Date 4/4/01  
Title: Technique for Measuring Intersubband Electroluminescence in a Quantum Cascade Laser

COMMISSIONER OF PATENTS  
WASHINGTON, D.C. 20231

SIR:

INFORMATION DISCLOSURE STATEMENT

In accordance with 37 CFR 1.97(b), the enclosed Information Disclosure Statement, with attached reference(s), is submitted for consideration in the above-identified application.

Copies of listed documents are enclosed.

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Respectfully,

By: Wendy W. Koba  
Wendy W. Koba, Esq.

Reg. No. 30509

Attorney for Application

Date: 6/27/01

Att: - Information Disclosure Statement with attachment(s)



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WP-2874

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/826,237
	Filing Date	4/4/01
	First Named Inventor	Capasso
	Group Art Unit	2874
	Examiner Name	Not yet assigned
Total Number of Pages in This Submission	Attorney Docket Number	65-104-1-19-28-7-34-13

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): ① Return receipt postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Wendy W. Koba, Esq.
Signature	Wendy W. Koba
Date	6/27/01

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